

Surplus Lines License # \_\_\_\_\_(5 or 6 digit)  
Social Security # \_\_\_\_\_

INDIANA DEPARTMENT OF INSURANCE  
SEMI-ANNUAL TAX REPORT  
SURPLUS LINES RISKS

STATE OF \_\_\_\_\_  
COUNTY of \_\_\_\_\_

I, \_\_\_\_\_, am a surplus lines producer of \_\_\_\_\_, a licensee under the provisions of 27-1-15.8 et seq of the Indiana Insurance Code, I hereby certify that, under penalty of perjury, that the following statement is a full, true and correct statement of premiums collected on policies or contracts placed by the licensee under the provisions of his/her/its license during each month of the six month period ended (June 30 or December 31) \_\_\_\_\_ 20\_\_\_\_.

Month	Premiums*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
SL Taxes Due	\$ <u>Total Premium</u> X 2.5 =\$

\*Premiums reported should agree with amounts reported on monthly reports

The licensee shall pay to the Commissioner of Insurance, on February 1<sup>st</sup> and August 1<sup>st</sup>, as the case may be, a sum equal to two and one-half percent of the total amount set forth in the 'Premiums' column of the above.

\_\_\_\_\_  
(Typed or Printed Name of SL Producer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name of Tax Preparer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address of Tax Preparer, if different)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-mail Address)